

# Notification of Demolition and Renovation





02/29/05

<b>I. Facility Information (Identify owner, removal contractor, and other operator)</b>				
Owner: Sewanhaka CHSD				
Address: 77 Landau Ave				
City: Floral Park	State: NY	Zip: 11001		
Contact: Matt Castelluzzo	Tel: 516.488.9827			
Removal Contractor: 192 Branch Interior Services, Inc.				
Address: 119 Gary Way				
City: Ronkonkoma	State: NY	Zip: 11779		
Contact: Arthur Chu	Tel: 631-467-6600			
Other Operator:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
<b>II. Type of Notification (O = Original / R = Revised) :</b> O				
<b>III. Type of Operation (D = Demolition / R = Renovation) :</b> R				
<b>IV. Is Asbestos Present? (Yes/No)</b> Yes				
<b>V. Facility Description (Include building name, number and floor or room number)</b>				
Building Name: Elmont HS				
Address: 555 Ridge Rd				
Address:				
City: Elmont	State: NY	County: Nassau		
Site Location: room B10				
Building Size	Sq Meter:	Sq Ft.: 90,000	# of Floors:	Age In Years:
Present Use: School Prior Use: School				
<b>VI. Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material:</b>				
Polorized Light Microscopy				
<b>VII. Approximate Amount of RACM to be Removed and NonFriable Asbestos Material That Will Not be Removed. Specify the Amount of Asbestos Below:</b>				
	ACM To Be Removed	Nonfriable Asbestos Material Not to be Removed ----- Category I Category II		
Pipes - Linear Feet	80			
Pipes - Linear Meters				
Surface Area - Square Feet	168			
Surface Area - Square Meters				
Volume RACM Off Facility Component - Cubic Feet				
Volume RACM Off Facility Component - Cubic Meter				
<b>VIII. Scheduled Dates of Asbestos Removal (MM/DD/YY)</b>		Start: 12/20/2013	Completion: 12/20/2014	
<b>IX. Scheduled Dates of Demo/Renovation (MM/DD/YY)</b>		Start:	Completion:	

continued on page 2

**Figure 1. Notification of Demolition and Renovation**

**Notification of Demolition and Renovation**

<b>X.</b>	<b>Description of Planned Demolition or Renovation Work, And Method(s) to be Used:</b> Removal of asbestos debris & pipe insulation		
<b>XI.</b>	<b>Description of Engineering Controls and Work Practices to be Used to control Emissions of Asbestos at the Demolition and Renovation Site:</b> PAPR and half face respirators, airless sprayers, negative air machines, collapsible showers, personal sampling pumps, HEPA vacuums. Asbestos dissemination will be prevented utilizing 12NYCRR part 56. This procedure includes proper wetting methods and adheres to all rules and regulations.		
<b>XII.</b>	<b>Waste Transporter # 1.</b>		
	Name: ATC Transport Company, Inc.		
	Address: 2 Moriches Middle Island Road		
	City: Shirley	State: NY	Zip: 11967
	Contact Person:		Tel: 631-924-5050
	<b>Waste Transporter # 2.</b>		
	Name:		
	Address:		
	City:	State:	Zip:
	Contact Person:		Tel:
<b>XIII.</b>	<b>Waste Disposal Site</b>		
	Name: Minerva Enterprises		
	Address: 9000 Minerva Road SE		
	City: Waynesburg	State: OH	Zip: 44688
	Telephone: 330-866-3435		
<b>XIV.</b>	<b>If Demolition Ordered by a Government Agency, Please Identify the Agency Below:</b>		
	Name:	Title:	
	Authority:		
	Date of Order (MM/DD/YY):	Date Order to Begin (MM/DD/YY):	
<b>XV.</b>	<b>For Emergency Renovations</b>		
	Date and Hour of Emergency (MM/DD/YY):		
	Description of the Sudden, Unexpected Event: ceiling collapsed		
	Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations: caused acm debris to fall into room		
<b>XVI.</b>	<b>Description of Procedures to be Followed in the Event that Unexpected Asbestos is found or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Powder.</b>		
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart MO will be on site during the Demolition or Renovation and Evidence that the Required Training has been Accomplished by this person will be available for Inspection During Normal Business hours.</b> (Required 1 year after Promulgation)		
	 _____ Signature of Owner/Operator		 _____ Date
<b>XVIII.</b>	<b>I Certify that the above information is correct.</b>		
	 _____ Signature of Owner/Operator		 _____ Date

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	 _____ Signature of Owner/Operator		12/19/13 _____ Date
<b>XVIII.</b>	I Certify that the above information is correct.		
	 _____ Signature of Owner/Operator		12/19/13 _____ Date



ASBESTOS LEAD FIRE WATER MOLD CONSTRUCTION

119 Gary Way, Ronkonkoma, NY 11779  
OFFICE **631.467.6600** TOLL FREE **1.800.734.9947**  
FAX **631.467.6611**  
[www.BranchServicesInc.com](http://www.BranchServicesInc.com)

December 19, 2013

United States EPA  
Environmental Protection Agency  
Air Compliance Unit  
290 Broadway Suite 1539  
New York, NY 10007-1823

Re: Asbestos Notification

To Whom It May Concern:

Enclosed you will find an original notification. Included are 3 copies of this notification and a self-addressed stamped envelope.

Please note, this is an emergency job starting 12/20/13 with DOL approval.

If you have any further questions do not hesitate to contact us.

Sincerely,

A handwritten signature in blue ink that reads "Nicole Gopen".

Nicole Gopen  
Admin Assistant

